PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 11460 - 1/2

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
-			(Colum	(Column 1)		(Column 2)		TYPE		OR	SMALL	
TOTAL CLAIMS			3	35		A Comment of the Comm		RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		IUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3.5 minus 20=		. 12			X\$ 9=		OR	X\$18=	270
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PI			5 minus 3 =		· 7			X40=		OR	X80=	160
M	JUIPLE DEPE	NDENT CLAIM F					l	+135=		OR	+270=	1
*	the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	L	TOTAL		OR	TOTAL	1140
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVICE PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 34	Minus	3	5	=		X\$ 9=		ØR	X\$18=	
	Independent FIRST PRESE	NTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	-		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1	OR	+270€	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	ſ	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF ME	Minus	***		=		X40=		OR	X80=	
	rino i Pricoc	NTATION OF MI	JUIPLE DEI	PENDENT	CLAIM		┢	+135=		Ī	. 270	
							L	TOTAL		OR	+270=	
							ΑC	DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	200.0000000000000000000000000000000000	(Column 1) CLAIMS	(Contractor and	(Colum		(Column 3)		<u> </u>				
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ÀDDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		or [X\$18=	
	Independent	NTATION OF MU	Minus	***	CI AIAA		r	X40=		OR	X80=	
	TINOT PRESE	H			٠٠٠ <u>۲</u>							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
	i the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THE	S SPACE is	less than	20 enter "20 "	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT, FEE	
i	he "Highest Num	ber Previously Paid	d For" (Total or	independer	nt) is the l	ns, enier "3." highest number	found	in the appr	opriate box			

FORM PTO-875 (Rev. 8/00)

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